ISSUE SLIP STAPLE AREA (for additional cross references)

HMALS	ID NO.	DATE
	59	117
Sus	852	19-11-00
0 55	597	03-29-05
	Ja ss	59 Ja 852

## INDEX OF CLAIMS

•	Rejected	N	Non-elected
	Allowed	Ι	Interference
_	(Through numeral) Canceled	Α	Appeal
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Ctairn Date	Claim	Date	Claim	Date
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	63	┝═┼╌╂╌╂╼╂╼╂╼╂═╂═╂═	113	<del>┦┈╏┈╏┈╏┈╏┈╏</del> ┈╏
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Best Available Copy

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